

TELEPHONE (312) 258-5500

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

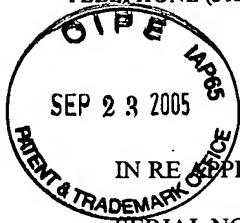
6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

CONFIRMATION NO.: 8482

IPW



SEP 23 2005

IN RE APPLICATION OF:

Birgit Kufner

SERIAL NO.:

10/630,096

GROUP ART UNIT: 2646

FILED:

July 30, 2003

TITLE:

"HEARING AID DEVICE WITH VOLTAGE SOURCE
AMENDMENT "A"

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | | |
|---|--|-------|--|--|---|--------------------------|--|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEE | |
| TOTAL CLAIMS | 23* | MINUS | **23 | X | () X 9.00 () X 18.00 | | |
| INDEP. CLAIMS | 3* | MINUS | 3 | X | () X 44.00 () X 88.00 | | |
| Application amended to contain any multiple dependent claims not previously paid for. | | | | () YES () NO | () \$150.00 () \$300.00 ONE TIME | | |
| | | | | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | \$0.00 | |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$_____ is attached.
- A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached
- A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 26574)

BY Mark Bergner (45,877)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on September 20, 2005.

Mark Bergner

NAME OF APPLICANT'S ATTORNEY

Mark Bergner

SIGNATURE

September 20, 2005

DATE

Appl. No. 10/630,096
Reply to Office Action of June 20, 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT A

APPLICANT: Birgit Kufner
SERIAL NO.: 10/630,096

DOCKET NO: P03,0274
ART UNIT: 2646

FILED: July 30, 2003 EXAMINER: Harvey, Dionne
CONF. NO.: 8482

TITLE: HEARING AID DEVICE WITH A VOLTAGE SOURCE

5 Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

10 In response to the Office Action dated June 20, 2005 ("OA"), please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.